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Implementing Guidelines for IBT in Conjunction with CMS Regulations

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Implementing Guidelines for IBT in conjunction with CMS Regulations

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Introduction: The AMA house delegates announced obesity as a disease and stated it required a range of medical that interventions to advance its treatment and prevention. Along with this, the CDC has reported that obesity rates have increased dramatically in the U.S and it is now considered an epidemic. In the Medicare population alone, over 30% of people are obese. Efforts have been made to increase preventative measures on obesity since the Affordable Care Act listed it as 1 of the top 10 essential health benefits. IBT or intensive behavioral therapy is one of the new services now being offered to Medicare patients. As of November 29, 2011 Medicare now covers IBT for obesity, defined as a BMI of 30kg/m² or greater for the prevention or early detection of illnesses and disabilities. IBT consist of the following:

•Screening for obesity in adults using measurements for BMI

•Dietary (nutritional) assessment

 Intense behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise.

•IBT is based off the 5 A's approach adopted by the United Preventative Services Task Force and Centers for Medicaid and Medicare Services for obesity counseling. Primary care physicians will preform it.

Literature cited:

Hamirudin A, Charlton K, Dalley A, et al. Feasibility of implementing routine nutritional screening for older adults in Australian general practices: a mixed-methods study. BMC Family Practice [serial online]. 2014; Available from: Academic OneFile, Ipswich, MA. Accessed June 22, 2015.

Kolasa K. Developments and challenges in family practice nutrition education for residents and practicing physicians: an overview of the North American experience. European Journal Of Clinical *Nutrition* [serial online]. 1999; Available from: AGRIS, Ipswich, MA. Accessed June 22, 2015.

Kolasa K, Rickett K. Barriers to Providing Nutrition Counseling Cited by Physicians: A Survey of Primary Care Practitioners. Nutrition In Clinical Practice [serial online]. n.d.;25(5):502-509. Available from: Science Citation Index, Ipswich, MA. Accessed June 22, 2015.

Sharma A, Kushner R. A proposed clinical staging system for obesity. International Journal Of Obesity erial online]. March 2009,33(3).289-295. Available from. Academic Search Premier, Ipswich, MA. Accessed June 22, 2015.

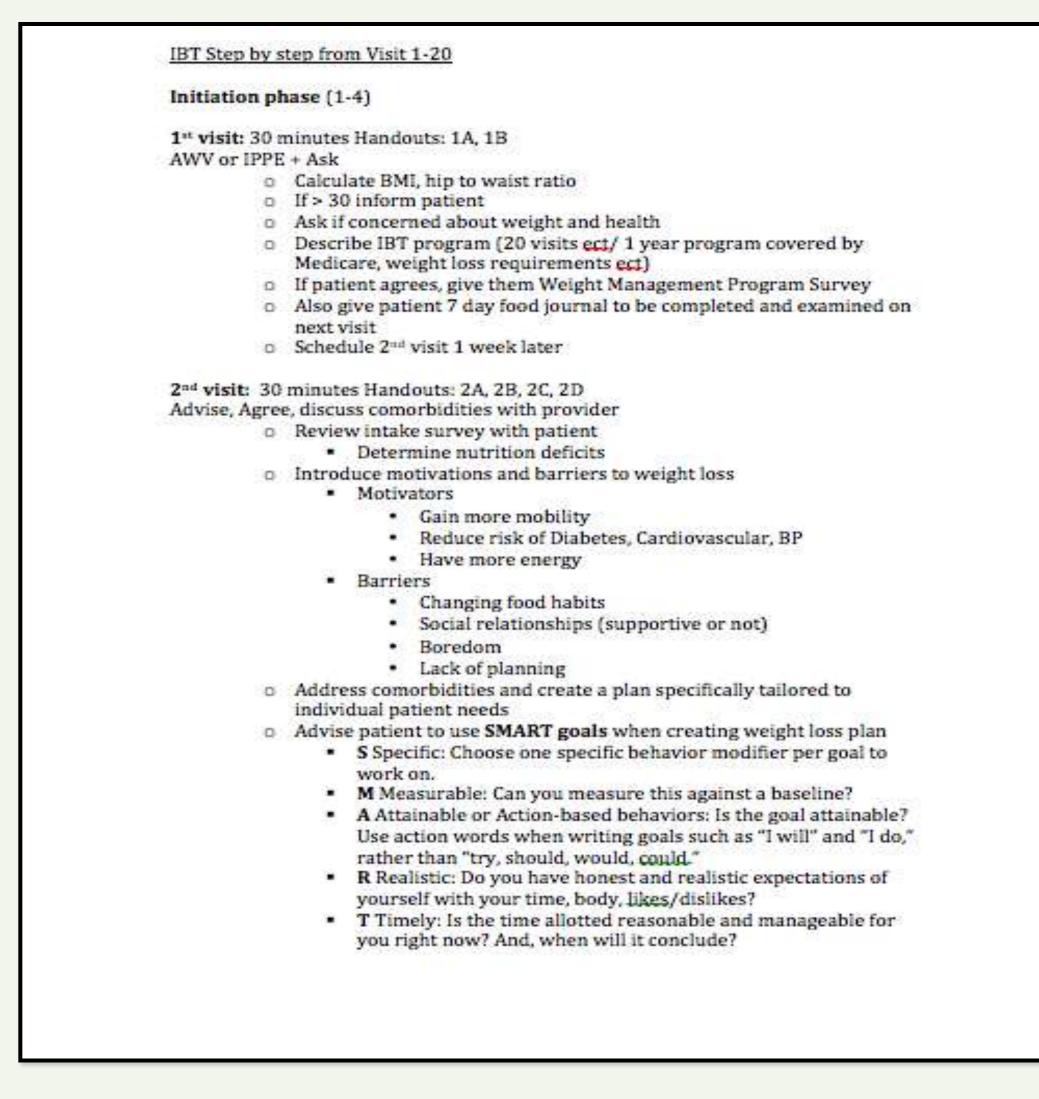
rograr evelop	This constitutes a total of 20 visits in n, they must lose a total of 6.6lbs in t bed, there are no uniform guidelines or d what exactly should be targeted at eac
I st ye essior 2 nd ye ools/ h	Timeline ar- Create Universal guidelines for IE ar- Partner with Primary Care Physicia andouts ar- Collect data and analyze, implement
Table 1	The 5 As Approach Adopted by the USPSTF and CMS in Obesity Counseling ^{8,9} Ask about and assess behavioral health risk (s) and factors affecting choice of behavior change goals and methods
	Obesity Counseling ^{8,9} Ask about and assess behavioral health risk (s) and factors affecting choice of behavior change goals and methods Give clear, specific, and personalized behavior change advice including information about personal health harms
Assess Advise Agree	Obesity Counseling ^{8,9} Ask about and assess behavioral health risk (s) and factors affecting choice of behavior change goals and methods Give clear, specific, and personalized behavior change advice including information about personal health harms and benefits Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to change behavior
Assess	Obesity Counseling ^{8,9} Ask about and assess behavioral health risk (s) and factors affecting choice of behavior change goals and methods Give clear, specific, and personalized behavior change advice including information about personal health harms and benefits Collaboratively select appropriate treatment goals and methods based on the patient's interest in and willingness to

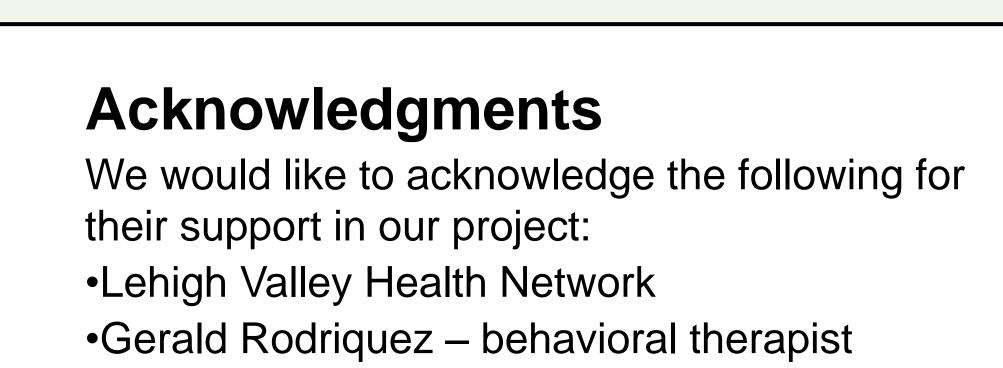
Idzik S, Davenport J. Implementing an educational program for primary care providers on obesity management and bariatric surgery. *Bariatric Nursing and Surgical Patient Care* [serial online]. 2011:25. Available from: Academic OneFile, Ipswich, MA. Accessed June 22, 2015.

Yao A. Screening for and Management of Obesity in Adults: U.S. Preventive Services Task Force Recommendation Statement: A Policy Review. Annals Of Medicine And Surgery [serial online]. January 1, 2013;2:18-21. Available from: ScienceDirect, Ipswich, MA. Accessed June 22, 2015.

st of Face to Face weekly visits for the 1st m month. It r months 2-6, and for months 7-12 visits are once a ear. In order for the patient to continue with the IBT 6 months. Although a complete time line has been ces on how a primary care physician should conduct

assemble tools/handouts to use during each IBT un a pilot study using Universal IBT Guidelines and apstone project







College of Medicine University of South Florida



Act / Conclusions: A completed guideline to conducting IBT was created along with labeled and organized tools/handouts sheet. The tools/handout sheet contains the list of resources to be used during each IBT session. Included in the handout is quality of life survey specifically QOL SP36. This is to be given to patients at the 1st visit, 14th visit, and the 20th visit. This will be scored and used to determine if their quality of life has improved as a result of the IBT pilot study. This data will then be analyzed to determine if the guidelines have a significant impact on weight loss for the patient as well as improve their quality of life. Obesity has become a serious health issues and it is imperative that the healthcare system create sustainable improvements to combating this issue.

Ways to improve: After extensive research some concerns and challenges have been identified with the Medicare obesity benefit.

•Weight loss intervention differs in older and younger adults, yet the benefit of IBT relies predominately on data collected from interventional studies on younger people.

•BMI is not the most accurate measure to identify obesity.

Proposals to overcome shortcomings:

 Obesity treatment should focus on improving quality of life, physical function, and mitigating muscle and bone loss rather than focusing solely on weight loss.

•Weight circumference or waist-hip ratio should be considered as additional anthropometric measures in ascertaining obesity.